

HEPATITIS C & PRISONER RE-ENTRY INITIATIVE

(FY2008 Appropriation Bill - Public Act 123 of 2007)

April 1, 2008

Section 804: The department, in conjunction with efforts to implement the Michigan prisoner reentry initiative, shall cooperate with the department of corrections to share data and information as they relate to prisoners being released who are HIV positive or positive for the Hepatitis C antibody. By April 1, 2008, the department shall report to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director on the progress and results of its work as permitted under federal law and the potential outcomes from its work with the department of corrections under this section.

*Michigan Department
of Community Health*



Jennifer M. Granholm, Governor
Janet Olszewski, Director

Progress Report on Hepatitis C And Corrections/Prisoner Re-Entry Initiatives

Studies of hepatitis C in prison populations have estimated that 23 to 43 percent of prisoners have ever been infected with the hepatitis C virus. These prevalence rates are 14 to 17 times greater than the estimated prevalence rate for the general population. In addition, many other prisoners are at high-risk for infection with the virus that causes hepatitis C.

As a result, providing hepatitis C services to individuals who come in contact with the correctional system is critical to effectively addressing hepatitis C. The following provides a brief overview of efforts made by the Michigan Department of Community Health to increase knowledge about hepatitis C in correctional populations and to facilitate the delivery of hepatitis-related services to this group.

- **Hepatitis C: From Silence to Solutions Conference:** On December 4, 2007, the Michigan Department of Community Health and the American Liver Foundation – Michigan Chapter held the second statewide conference on hepatitis C, entitled *Hepatitis C: From Silence to Solutions*.

A diverse planning committee was convened to determine the focus of the conference. The Medical Director for the Michigan Department of Corrections participated in the initial meeting of the planning committee and was involved in determining the overall conference vision, drafting conference goals and objectives, and identifying some of the session topics.

The conference agenda included sessions that specifically addressed hepatitis issues related to the correctional population. These sessions included, but were not limited to, the following:

- The conference keynote, *Hepatitis C: The New Prevalence*, described the prevalence and characteristics of hepatitis C, as reported from the National Health and Nutrition Examination Survey (NHANES), explained the limitations of the study, and estimated an expanded prevalence for hepatitis C through consideration of populations routinely excluded from NHANES included incarcerated populations. It closed with a discussion of the impact of this expanded prevalence on prevention programming, disease morbidity and mortality, and health care costs.
- The plenary session, *Hepatitis C: Why the Silence?*, explored how groups with high prevalence of hepatitis C, including incarcerated populations, experience stigma and discrimination even without a hepatitis C diagnosis, and how a hepatitis C diagnosis itself can result in additional stigma and discrimination. It described how this stigma and discrimination can cause public apathy about this disease and act as a barrier to the development and implementation of a continuum of hepatitis-related services, and proposed strategies for effectively addressing stigma and discrimination.
- The workshop, *One Table, Many Perspectives: A Public Health and Corrections How To*, showcased a comprehensive blood-borne pathogens program implemented in a correctional setting, defined the role of public health in the development and

implementation of this program, and delineated strategies for effectively working with the multiple-levels within the correctional system.

The conference was marketed through numerous avenues designed to get word out about the conference to individuals working with correctional populations. Marketing efforts included: 1) forwarding materials to Correctional Medical Services, the Michigan Department of Corrections medical provider, for dissemination, 2) forwarding marketing materials to the Roscommon County Sheriff's Department and Marine Patrol for dissemination to all administrators/medical directors of county/city correctional facilities, 3) sending conference information to the Michigan Sheriff's Association for inclusion in its Directors Update, a biweekly publication, 4) e-mailing a PDF of marketing materials to all Michigan Association of Juvenile Justice members, 5) preparing a newsletter article for inclusion in the Michigan Department of Corrections newsletter, and 6) sending marketing materials to all Michigan Department of Community Health – Office of Drug Control Policy funded drug courts. To increase interest in the conference among this constituency, the Michigan Department of Community Health also sought and received permission from the Michigan Certification Board for Addictions Professionals to offer Certified Criminal Justice Professionals Continuing Education Credits at the event.

Individuals who work in the correctional system and/or with those with contact with this system were in attendance at the conference.

- **Statewide Hepatitis C Task Force:** Public Act 238 calls for the development of a Hepatitis C Advisory Task Force. The Task Force consists of 10 members appointed by the Governor. In addition to the designee of the director of the Michigan Department of Community Health, the membership is comprised of a member from an association representing local public health and eight members appointed from the following categories: 1) business and industry, 2) labor, 3) health care providers, 4) the legal community, 5) religious organizations, 6) state and local government, and 7) the education community.

Among the appointees, are individuals with extensive experience with the correctional system and/or with working with those with contact with this system. The appointee in the labor category is Andrew Potter, the State Vice President for the Michigan Corrections Organization. The appointee for the religious organization category is Rosalyn Andrews-Worthy, Executive Director for Gospel Against AIDS/GREATNESS, an organization that delivers HIV and hepatitis prevention programming in a myriad of settings including correctional facilities.

Hepatitis C Task Force members were invited to attend the December 4th conference, *Hepatitis C: From Silence to Solutions*. In addition to attending conference sessions, this group met briefly at lunch to introduce themselves and receive an overview of the work of the Task Force.

The first official meeting of the Hepatitis C Advisory Task Force was held on March 5, 2008. The agenda for this meeting included: 1) an overview of PA 238 including outlining key responsibilities of the Task Force as delineated in that law, 2) a presentation on the epidemiology of hepatitis C in the United States and in Michigan, 3) a delineation of the continuum of public health services that need to be developed and implemented in order to

effectively address hepatitis C, and 4) discussion regarding the gaps between this optimal continuum of services and hepatitis C programming currently in place.

Four additional Hepatitis C Advisory Task Force meetings are scheduled for 2008. Future agendas will include discussion on the impact of hepatitis C on those populations at highest risk, including correctional populations, and delineation of strategies for effectively meeting the hepatitis-related needs of these groups.

- **Local Health Department Viral Hepatitis Survey:** In the spring of 2007, the Michigan Department of Community Health developed and implemented an on-line viral hepatitis survey to identify existing hepatitis-related services being provided by local health departments and to identify local health department training and technical assistance needs related to the provision of hepatitis C services. All 45 local health departments in Michigan responded to the survey.

The survey included a question designed to identify any public health/corrections partnerships aimed at delivering hepatitis services in correctional facilities. The question asked about the delivery of the following types of services in prisons, jails and/or juvenile detention facilities: 1) education/prevention counseling about hepatitis A, 2) education/prevention counseling about hepatitis B, 3) education/prevention counseling about hepatitis C, 4) risk assessment/screening for hepatitis B risk factors, 5) risk assessment/screening for hepatitis C risk factors, 6) hepatitis C testing, 7) hepatitis A vaccination, 8) hepatitis B vaccination, 9) support groups for hepatitis B, 10) support groups for hepatitis C, and 10) prisoner reentry services related to hepatitis B and C.

Results from this survey began the process of identify existing hepatitis services for correctional populations and gaps in service delivery. The Michigan Department of Community Health can use these survey results to design training and technical assistance that can facilitate the offering of expanded services and improve the quality of existing hepatitis services offered to correctional populations.

The Michigan Department of Community Health will continue to develop relationships and to pursue ways to build collaborations that will result in hepatitis C being effectively addressed in correctional populations.